National Adult Immunization Summit – It's time

NVAC

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CAPT Carolyn Bridges and CAPT Angela Shen
Centers for Disease Control and Prevention
National Vaccine Program Office
Department of Health and Human Services







Adult immunizations

- Substantial disease burden in adults
 - 226,000 hospitalizations and 3,000-49,000 annual influenza-related deaths
 - ~half of all hospitalizations 90% deaths among patients ≥ 65 years old
 - Of ~43,500 cases invasive pneumococcal disease (IPD) in 2009, 85% among adults
 - Nearly all ~5,000 deaths among adults
 - Among >27,000 US pertussis cases in 2010, 6,640 among adults, 4% of which were hospitalized
 - Approximately 1 million cases shingles in US annually



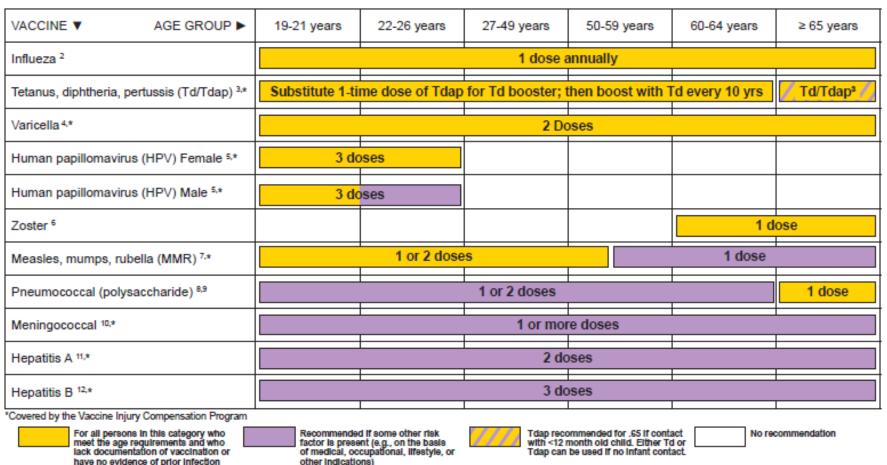




Recommended Adult Immunization Schedule—United States - 2012

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group¹



Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www. vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

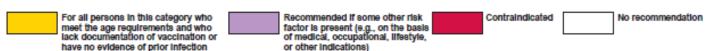
Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications¹

VACCINE ▼ INDICATION ▶	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{4,6,7,14}	HIV Infection ^{4,7,13,14} CD4+ T lymphocyte count		Men who have	Heart disease, chronic lung disease,	Aspienia ¹⁰ (including elective spienectomy	Chronic liver	Diabetes, kidney failure, end-stage renai	Health-care
			<200 cells/ μL	>200 cells/µL	sex with men (MSM)	chronic alcoholism	and persistent complement component deficiencies)	disease	disease, receipt of hemodialysis	personnel
Influeza ²		1 dose TIV annu	ally		1 dose TIV or LAIV annually		1 dose TIV	annually		1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) 3,x		Substitute 1-ti	me dos	e of Td	ap for Td b	ooster; the	n boost wit	h Td eve	ry 10 yrs	
Varicella ^{4,x}	C	ontraindicated					2 doses			
Human papillomavirus (HPV) Female 5,*		3 doses throug	gh age i	26 yrs			3 doses th	rough a	ge 26 yrs	
Human papillomavirus (HPV) Male ^{5,x}		3 doses t	hrough	age 26	yrs		3 doses th	rough a	ge 21 yrs	
Zoster ⁶	C	ontraindicated					1 do:	se		
Measles, mumps, rubella (MMR) ^{7,x}	C	ontraindicated					1 or 2 dose	s		
Pneumococcal (polysaccharide) 8,9					1 or 2	doses				
Meningococcal ^{10,x}					1 or mor	e doses				
Hepatitis A 11,*					2 do	ses				
Hepatitis B ^{12,*}					3 do	ses				

[&]quot;Covered by the Vaccine Injury Compensation Program

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNIM).



These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2012. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (http:// www.cdc.gov/vaccines/pubs/acip-list.htm). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.



U.S. Department of Health and Human Services

Centers for Disease and Prevention

Adult immunizations

 Coverage low, lagging far behind childhood rates and well below HP targets







Seasonal Influenza Vaccination Coverage: 2010-11 Season and Healthy People 2020

Group	2010-11 (%) ¹	Healthy People 2020 (%)
Overall (persons aged ≥ 6 months)	43.0	80
Persons ≥ 18 yrs	40.5	80
Persons 18-49 yrs, all	30.5	80
Persons 18-64 yrs, high risk	46.7	90
Persons ≥ 65 yrs	66.6	90
Healthcare Personnel	63.5 ²	90



[.] BRFSS and NIS estimates, 2010-11. Online at: http://www.cdc.gov/flu/professionals/vaccination/coverage 1011estimates.htm





Adult Vaccination Coverage: 2008-09 and Healthy People 2020 Targets

Vaccine By Group	2010 NHIS (%)	Healthy People 2020 (%)
Pneumococcal, noninstitutionalized adults 65+	59.7	90
Pneumococcal, noninstitutionalized HR adults 18-64	18.5	60
Shingles (zoster), adults 60+	14.4	30
Hepatitis B, healthcare personnel (3 doses)	63.2	90





Adult immunizations

- Last two decade, numerous reports & recommendations to improve adult IZ rates have been developed
- NVAC adult recommendations in Public Health Reports

http://www.publichealthreports.org/issueopen.cfm?articleID=2762







National Adult IZ Summit (NAIS)

 Co-hosted by AMA, CDC, NVPO in conjunction with the annual National Influenza Vaccine Summit (Atlanta, GA)

- May 15-17, 2012 (Tues Thurs)
 - May 15 all day (Adult)
 - May 16 AM (Adult)
 - May 16 PM (Influenza)
 - May 17 all day (Influenza)







Organizing principal

 Develop sustainable working groups going forward toward:

Increasing immunization rates and reducing vaccine-preventable diseases by identifying specific actions and implementing plans to carry out actions that will lead to increased vaccine coverage in adults







Main goals of summit

- Convene adult immunization stakeholders that represent all facets of the adult immunization process, from manufacturers to vaccinators to advocacy groups, public health and policy
- Facilitate identification of specific actions to be taken by Summit members that will lead to improvements in vaccine uptake, such as through reducing barriers for payment, increasing access to vaccines and vaccinators, and increasing awareness of adult immunization recommendations







Who are we trying to reach?

 Add potential vaccinators and undervaccinators

Improve services of existing vaccinators





Proposed Working Groups (a priori n=5)

- 1. Provider education
- 2. Patient education
- 3. Expanding access
- 4. Quality/performance measures
- 5. Informing policy/decision-makers







Expectations for sustainability

- Action oriented
 - Prior to first summit, outreach to individual organizations share vision and working group charge, ask for commitment to lead and participate in working group(s)
- Annual meeting with working groups guided by executive/steering committee
- Broad range of providers among invitees, including medical, pharmacy, public health and community vaccinators
- Ask participants to pledge to a working group and to be active to promote a sustained effort







More information

 Website and registration information slated to be out next week

angela.shen@hhs.gov

cbridges@cdc.gov

Litjen.Tan@ama-assn.org





